

State of Rhode Island
 Department of State - Business Services Division

Annual Report for the year: 2023
 Incorporation

FILED

MAR 03 2023

BY 5990 DS

- Filing period February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

Entity ID Number <u>000150230</u>	2. Exact name of the Corporation <u>Blaine Enterprises Inc</u>
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Principal Office Address <u>1280 OAKLAWN AVE</u>	City <u>CRANSTON</u>	State <u>RI</u>	Zip <u>02920</u>
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NAICS Code <u>423620</u>	6. Brief description of the character of business conducted in Rhode Island <u>SALES + SERVICE of sewing machines</u>
State of Incorporation <u>RI</u>	

List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <u>Robert Roy</u>	Vice-President Name <u>Korav Roy</u>
Street Address <u>75 Franklin Rd</u>	Street Address <u>SOME</u>
City <u>CRANSTON</u> State <u>RI</u> Zip <u>02920</u>	City _____ State _____ Zip _____
Secretary Name _____	Treasurer Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name _____	Director Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Director Name _____	Director Name _____
Street Address _____	Street Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____

Shares Authorized is information is currently of record in the Department of State.	10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>									
Changes require an additional filing.	<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SENIORS</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>1001</u></td> <td></td> <td><u>.01</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SENIORS	PAR VALUE	<u>1001</u>		<u>.01</u>			
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This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative <u>Robert Roy</u>	Date <u>2/26/23</u>
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Signature of Authorized Representative
